

**MULTIPLE-DEPENDENT CLAIM
FEE CALCULATION SHEET**
 Substitute for Form PTO-1360
 (For use with Form PTO/SB/06)

Application Number

101542,124

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1	1		
2			1			
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50						
Total Indep	1		2			
Total Depend	5		3			
Total Claims	6		5			

* May be used for additional claims or amendments

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